

<b>Case Number:</b>	CM14-0162381		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	06/19/1992
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case is a 47 year old male with a date of injury on 6/19/1992. A review of the medical records indicates that the patient has been undergoing treatment for low back pain, bilateral lower extremity pain with neuropathy. Subjective complaints (11/4/2014) include increased pain that is moderate to severe, numbness to left thigh and knee and fatigue throughout the day. Objective findings (11/4/2014) include decreased sensation through left anterior thigh and over the right lateral malleolus. Treatment has included intrathecal pump, Remeron, Methadone, Lidoderm patch, Celebrex, Lopid, Zantac, Metoprolol, and Hydrochlorothiazide. A utilization review dated 9/23/2014 denied a request for Nuvigil 150mg #30 due to lack of shift work sleep disorder, narcolepsy, or other FDA indicated conditions.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Nuvigil 150mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Armodafinil

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Armodafinil (Nuvigil) UpToDate.com, Armodafinil

**Decision rationale:** Nuvigil is the brand name version of Armodafinil, which is a Central Nervous System Stimulant. MTUS is silent regarding Armodafinil, so other guidelines were utilized. ODG states regarding Armodafinil, "Not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is very similar to Modafinil. Studies have not demonstrated any difference in efficacy and safety between Armodafinil and Modafinil." There is no evaluation to substantiate a diagnosis of narcolepsy or shift work sleep disorder. The patient is methadone, which is a narcotic and ODG does not recommend Nuvigil usage solely due to counteract narcotic sedation. Per Up-to-date, Armodafinil is used for the treatment of Narcolepsy, Obstructive sleep apnea/hypopnea syndrome (OSAHS), and Shift work sleep disorder (SWSD). Up-to-date additionally states Armodafinil is used as a "first-line adjunctive therapy for the treatment of excessive daytime sleepiness that persists in patients with OSA who have no alternative causes of sleepiness and who have had an adequate response to conventional therapy". Medical records do not substantiate the diagnosis of narcolepsy, OSAHS, SWSD. Additionally, the treating physician does not detail what "conventional" therapy has been tried and results of such trials. As such, the request for Nuvigil 150mg #30 is not medically necessary.